AIA SINGAPORE
GROUP HOSPITAL & SURGICAL CLAIM FORM

Corporate Solutions
3 Tampines Grande, #07-00, AIA Tampines, Singapore 528799, Fax: 6538 5603 / 6538 4340, Email : sg.eb.aonclaims@aia.com

Section 1 : Claimant's Statement

Part A : To be completed by Employee & Dependant (if is a dependant's claim)

Company Name (Policyholder) : ASM PACIFIC TECHNOLOGY				Policy No :
1) Name of Employee : HEW JIAN WEI			(NRIC) / Passport No. : G3925209R	Date of Birth (DD/MM/YY) : 22/01/96
Occupation : SOFTWARE ENGINEER	Date of Employment (DD/MM/YY) : 02/01/20	Employee ID / No. : 20007235	Plan Type :	Gender : Female ☐ Male ☑
Contact No. : 85783268		Email Address : hew253@icloud.com		
2) Name of Patient (if patient is dependant)			NRIC / Passport No. :	Date of Birth (DD/MM/YY) :
Occupation :		Relationship to Employee : Spouse ☐ Child ☐		Gender : Female ☐ Male ☐

Part B : Details of Illness / Accident

1) Nature of Illness / Final Diagnosis : CHOLECYSTITIS		Symptoms Experienced : ABDOMINAL PAIN	Date Symptoms First Started (DD/MM/YY) : 14/11/20
Date First Treated (DD/MM/YY) : 15/11/20	Date of Admission (DD/MM/YY) : 15/11/20	Date of Discharge (DD/MM/YY) : 17/11/20	Nature of Treatment / Operation Done : ANTIBIOTICS & PAINKILLER
2) Accident : Date (DD/MM/YY) & Time (HH/MM) :		Describe How Accident Happened & Nature of Injury :	
3) Are you claiming from other insurers? Yes ☐ No ☑		If yes, insurer's name:	Policy No.

Part C : Claims Payment Details (If is via GIRO, the bank details provided herein has to be Employee's bank account)

☑	Bank Name	UOB	Branch Code	0	6	8	Bank A/C No.	3	8	0	3	3	8	0	8	4	6	
☐	Cheque : ☐ Employer ☐ Employee						Name :											

Part D : Declaration and Authorisation

(This part must be signed by the patient or patient's parent / legal guardian if the patient is below 21 years of age)

a) I/We hereby authorize, agree and consent to AIA Singapore to request from any hospital, physician, person or organization, all information with respect to any illness, injury, medical history, and copies of all hospital or medical records concerning myself at any time and authorize the prior mentioned organizations to disclose all such information to AIA Singapore.

b) I/We consent to AIA Singapore, its associated persons/organisations, third party service providers and representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") provided to AIA Persons or that they possess about me/us, in the manner and for the purposes described in the AIA Personal Data Policy ("**PD Policy**") which is available on AIA Singapore's website.

I/We agree to accept the provisions in the PD Policy as amended from time to time. Where Personal Data of another person is disclosed by me/us, I/we confirm that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws to collect, use and/or disclose such Personal Data. I/We waive (on my/our own behalf and on behalf of each such other person) any right to claim against any of the AIA Persons for any Use in the nature of or for the purposes described above or in the PD Policy. I/We will indemnify AIA Persons for all losses and damages if I/we breach these provisions.

c) This consent shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not our Application/form is accepted by AIA Singapore. A photocopy of this consent shall be valid and effective as the original.

Signature of Employee	Signature of Patient (if is a dependant)	Date (DD/MM/YY)
		03/12/20

Part E : To Be Completed by Employer

Signature of Employer	Company's Name & Stamp	Date (DD/MM/YY)

G5110000